



COMPLAINT FORM

Your Name _____

Address _____

City _____ State _____ Zip _____

Work Telephone (____) _____ Home Telephone (____) _____

COMPLAINT INFORMATION

Please complete the following information concerning the individual against whom you wish to register this complaint.

Name(s): _____

Type of Business _____

Company/Business Name _____

Address _____ City _____ State _____ Zip _____

REMEDY REQUESTED

Please specify the remedy or result you are requesting.

Please attach a written explanation. You should address your complaint fully, giving dates and details. Your response should be prepared in sequential order as the events occurred. Provide copies of all documents relating to the complaint with a full explanation of your complaint.

The authority of the Department of Licensing is limited to taking disciplinary action to suspend or revoke a license. We do not have the authority to recover funds, award damages, or make judicial determinations, nor do our remarks constitute legal opinion.

If you have any questions regarding this form please feel free to contact our office at (360) 664-1596.

X _____

SIGNATURE

DATE